

1893

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

PLACE OF BIRTH:

County Gila State ARIZONA

Registered No. _____

Township _____ or Village _____

City _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

Full name of child HERON

Sex Male M If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Feb. 6, 1890 193

5. Number, in order of birth _____ Full term _____

Full name FATHER D. L. Heron 18. Full maiden name MOTHER Villie Heron

Residence (usual place of abode) (If nonresident, give place and State) _____ 19. Residence (usual place of abode) (If nonresident, give place and State) _____

Color or race _____ 12. Age at last birthday _____ (years) 20. Color or race _____ 21. Age at last birthday _____ (years)

Birthplace (city or place and State or country): _____ 22. Birthplace (city or place and State or country): _____

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ Before labor _____ During labor _____

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Signed) J. W. Largent M. D.

Address _____ Midwife

Filed 3-4-1890, 193 _____ Registrar.

FORM 6 10M 6-25 -33 MS 48640

685-206-585